

Why Getting the Latest Covid-19 Vaccine Matter?

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NEWS

PBBM lifts State of Public Health Emergency throughout PH due to COVID-19

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By PCO

COVID-19 remains to be a serious concern for certain subpopulation and requires continued public health response



Strategic preparedness and response plan: April 2023–April 2025 3 May 2023

FROM EMERGENCY RESPONSE TO LONG-TERM COVID-19 DISEASE MANAGEMENT: SUSTAINING GAINS MADE DURING THE COVID-19 PANDEMIC



1. Sustain the national capacity gains and prepare for future events
2. Integrate COVID-19 vaccination into life course vaccination programmes.
3. Respiratory pathogen surveillance data sources to allow for a comprehensive situational awareness
4. Prepare for medical countermeasures
5. Continue to work with communities and their leaders to achieve strong, resilient, and inclusive risk communications and community engagement

5 core components of COVID-19 Health emergency preparedness, readiness and response (HEPR)



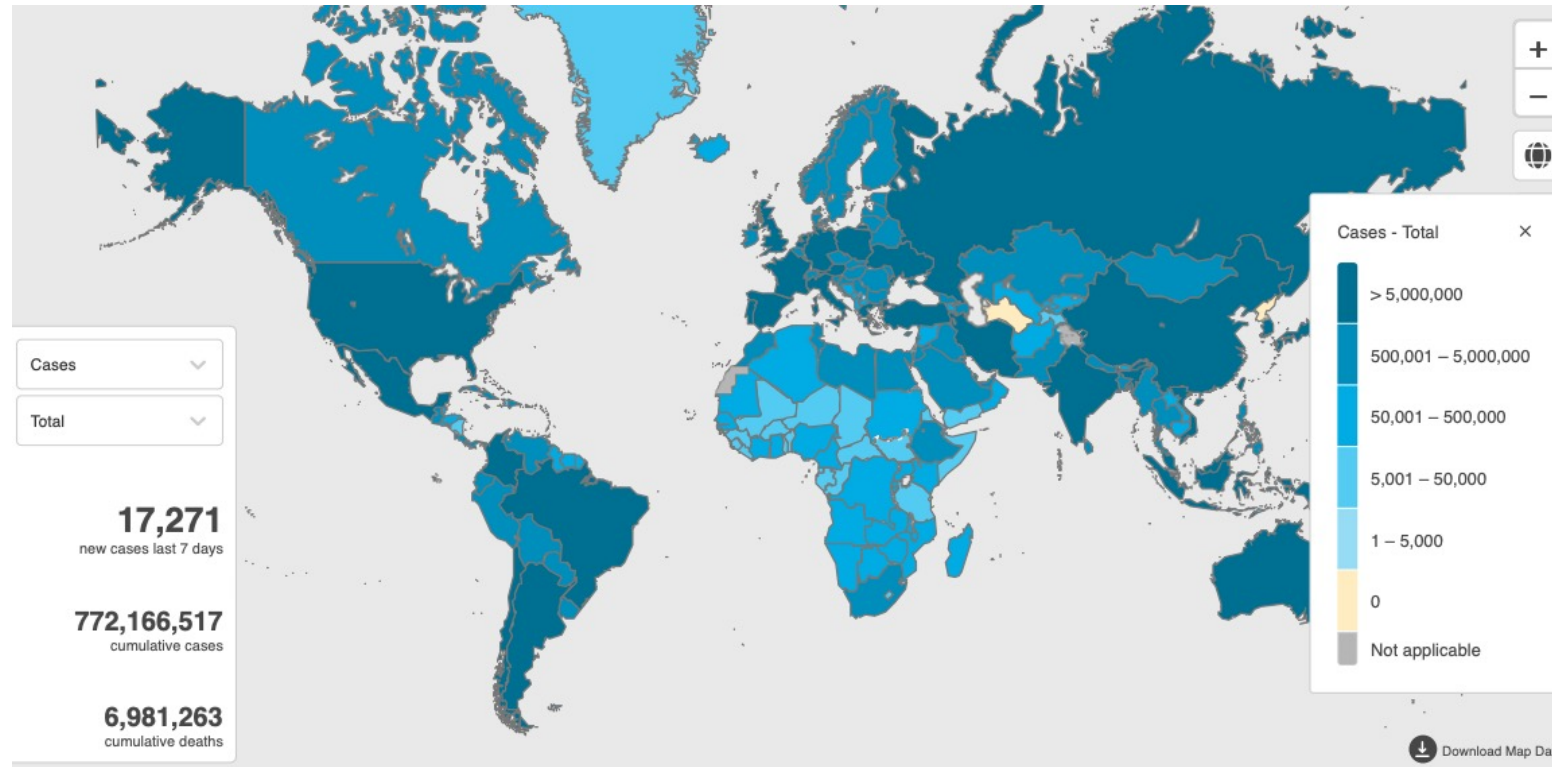
5 core components of COVID-19 Health emergency preparedness, readiness and response (HEPR)

HEPR core component	COVID-19 operational pillar
Emergency coordination	Pillar 1. Coordination, planning, financing and monitoring
Collaborative surveillance	Pillar 3. Surveillance, epidemiological investigation, contact tracing and adjustment of public health and social measures Pillar 5. Laboratories and diagnostics
Community protection	Pillar 2. Risk communication, community engagement (RCCE) and infodemic management Pillar 4. Points of entry, international travel and transport, mass gatherings and population movement
	Pillar 10. Vaccines research, policy and strategy

Global impact of the first year of COVID-19 vaccination:

- Findings
- Vaccinations prevented 14.4 million (95% credible interval [CrI] 13.7–15.9) deaths from COVID-19 in 185 countries and territories between Dec 8, 2020, and Dec 8, 2021.
- 19.8 million (95% CrI 19.1–20.4) deaths from COVID-19 averted when we used excess deaths as an estimate of the true extent of the pandemic, representing a global reduction of 63% in total deaths (19.8 million of 31.4 million) during the first year of COVID-19 vaccination.
- In COVAX Advance Market Commitment countries, we estimated that In low-income countries,
 - 45% (95% CrI 42–49) of deaths could have been averted had the 20% vaccination coverage target set met
 - 111% (105–118) of deaths could have been averted had the 40% target set

Globally, 22 November 2023, there have been **772,166,517** confirmed cases and **6,981,263** deaths COVID-19
6 November 2023, a total of **13,534,602,932** vaccine doses have been administered



November 2023

Results of COVID-19 Vaccine Effectiveness Studies: An Ongoing Systematic Review

Forest Plots: Vaccine Effectiveness against Omicron Variant of Concern

Updated October 23, 2023

Prepared by:

International Vaccine Access Center,
Johns Hopkins Bloomberg School of Public Health

and

World Health Organization

and

Coalition for Epidemic Preparedness Innovations

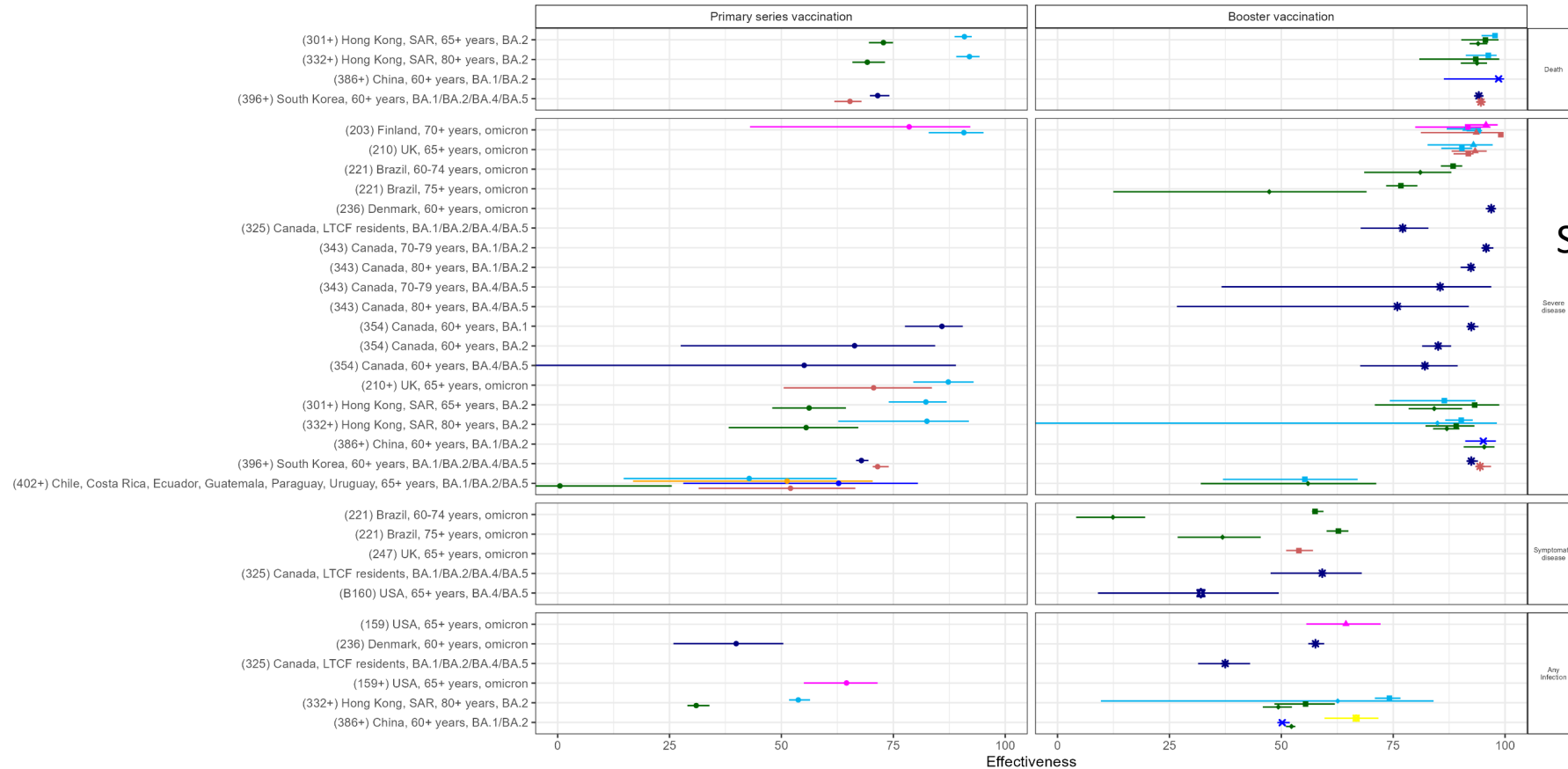


Vaccine effectiveness among older adults

BY STUDY POPULATION OF SPECIAL INTEREST

Vaccine Effectiveness Among Older Adults/Skilled Nursing Facility Residents, Omicron Variant

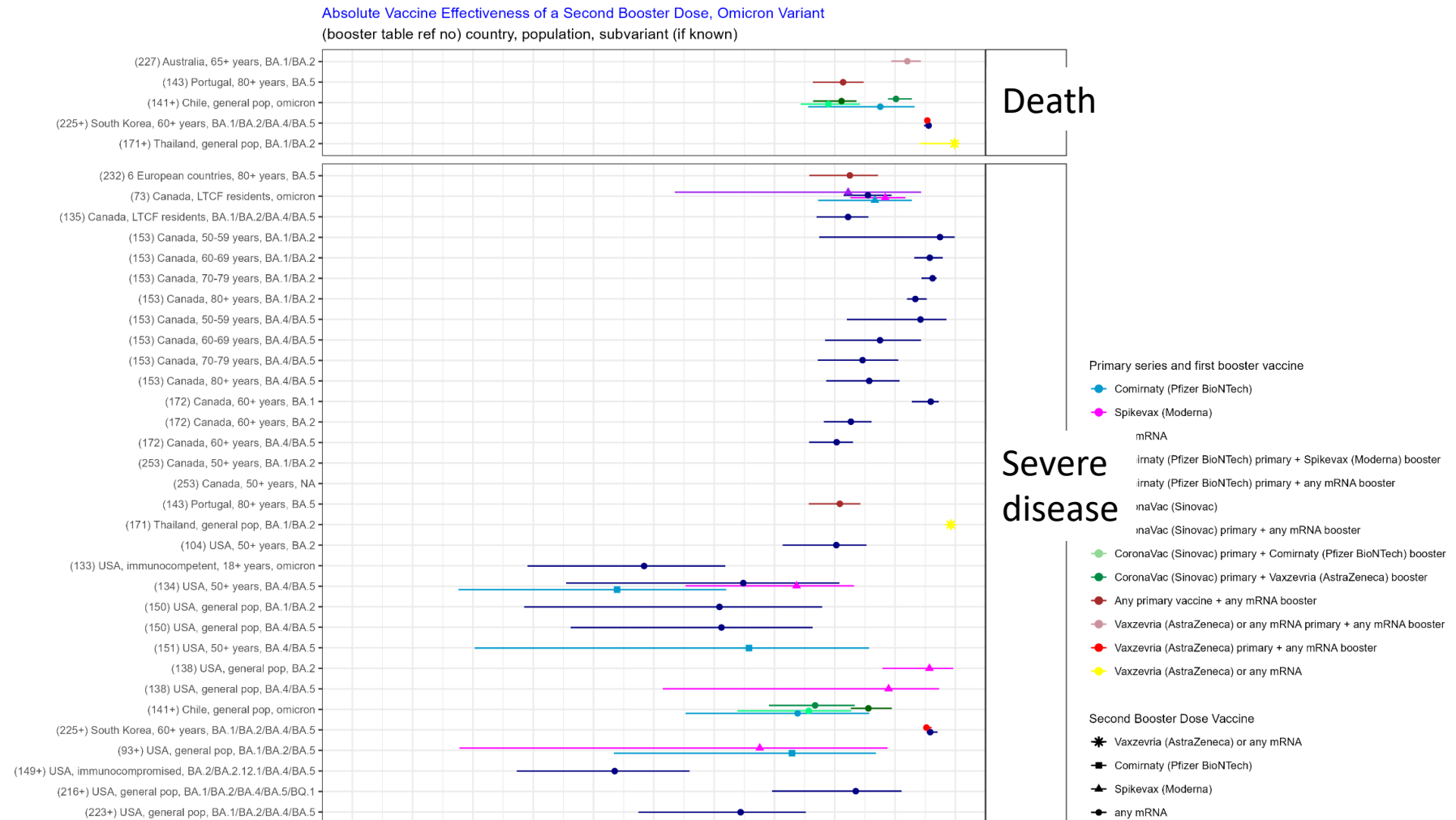
(ref no) country, population, subvariant (if known)



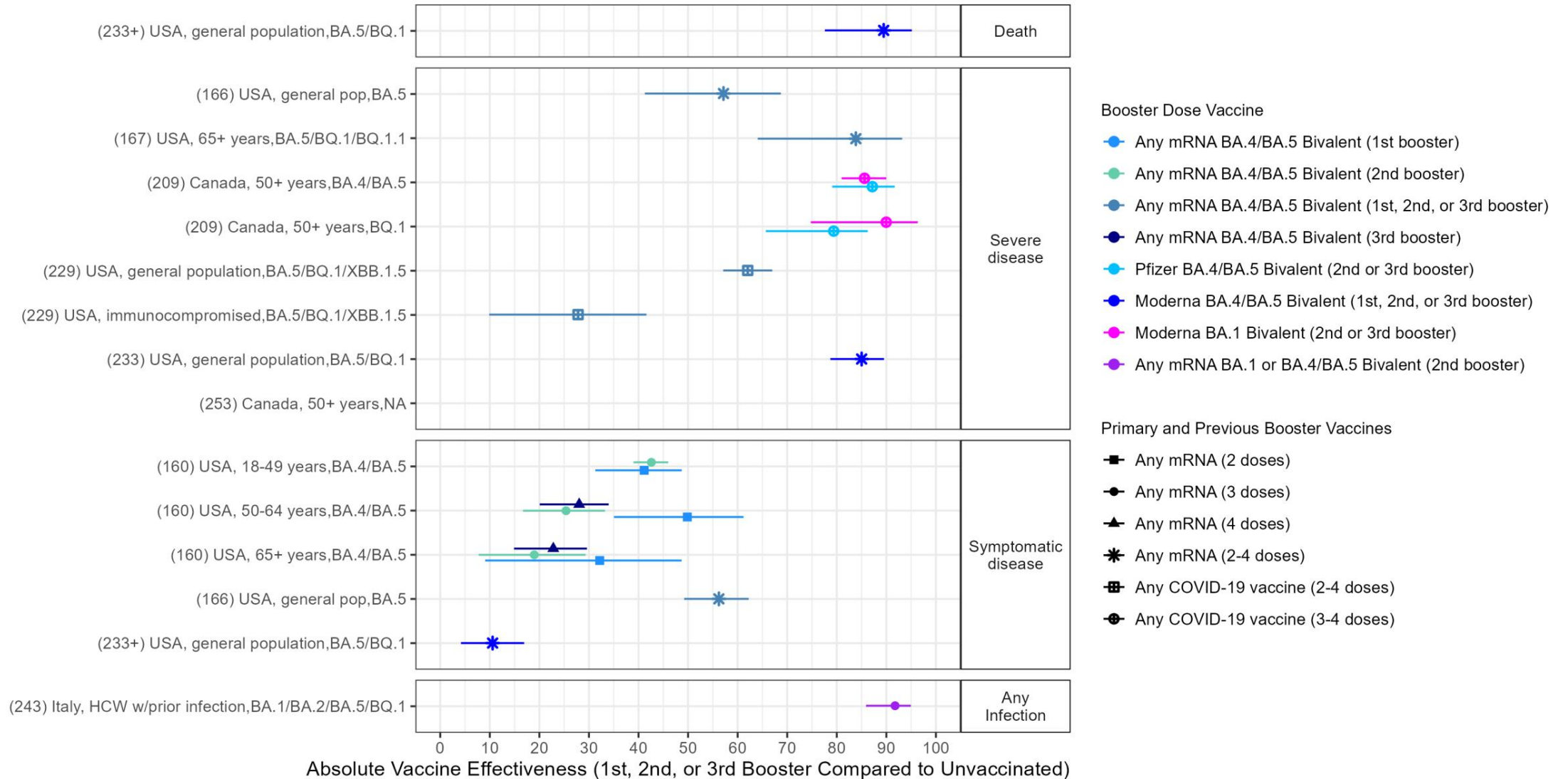
+ indicates follow-up period for primary series VE that extends beyond 4 months.

Second booster Vaccine effectiveness vs , Omicron

SECOND BOOSTER DOSE ABSOLUTE VACCINE EFFECTIVENESS AGAINST OMICRON



Absolute vaccine effectiveness of bivalent mRNA vaccines 1st, 2nd, 3rd booster





COVID-19 Risk Stratification

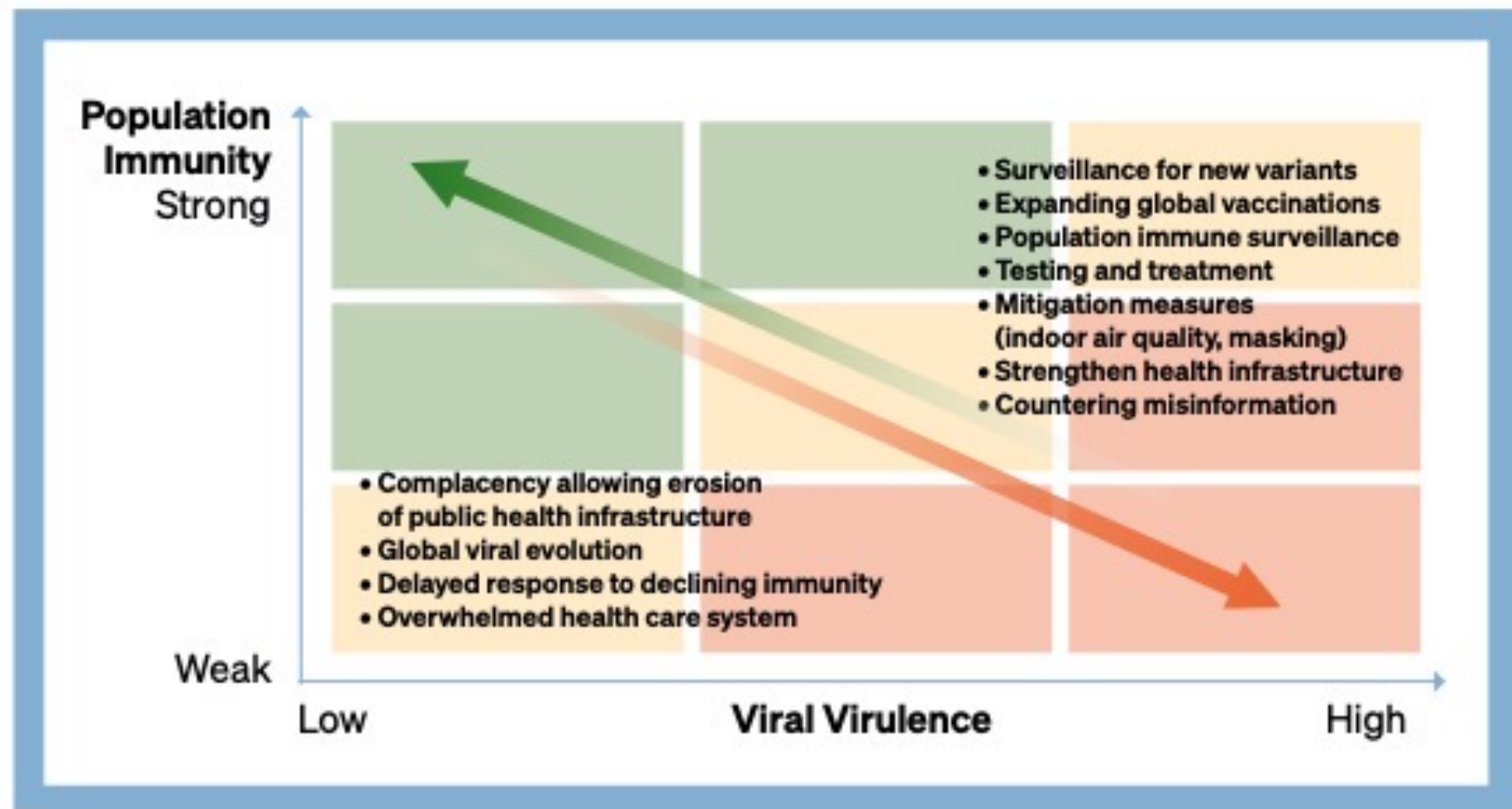
Lower
Risk

Higher
Risk

Age (years)	<30	30-49	50-69	≥70
Chronic medical conditions (eg, diabetes, obesity)	None	1	2	3+
Immunosuppressive conditions or medications	None	Corticosteroids Biologics Antimetabolites	Lymphodepletion Solid organ transplant AIDS	Stem cell transplant Hematologic malignancy
Vaccination status	Full vaccination plus boosting	Full vaccination	Partial vaccination	Unvaccinated

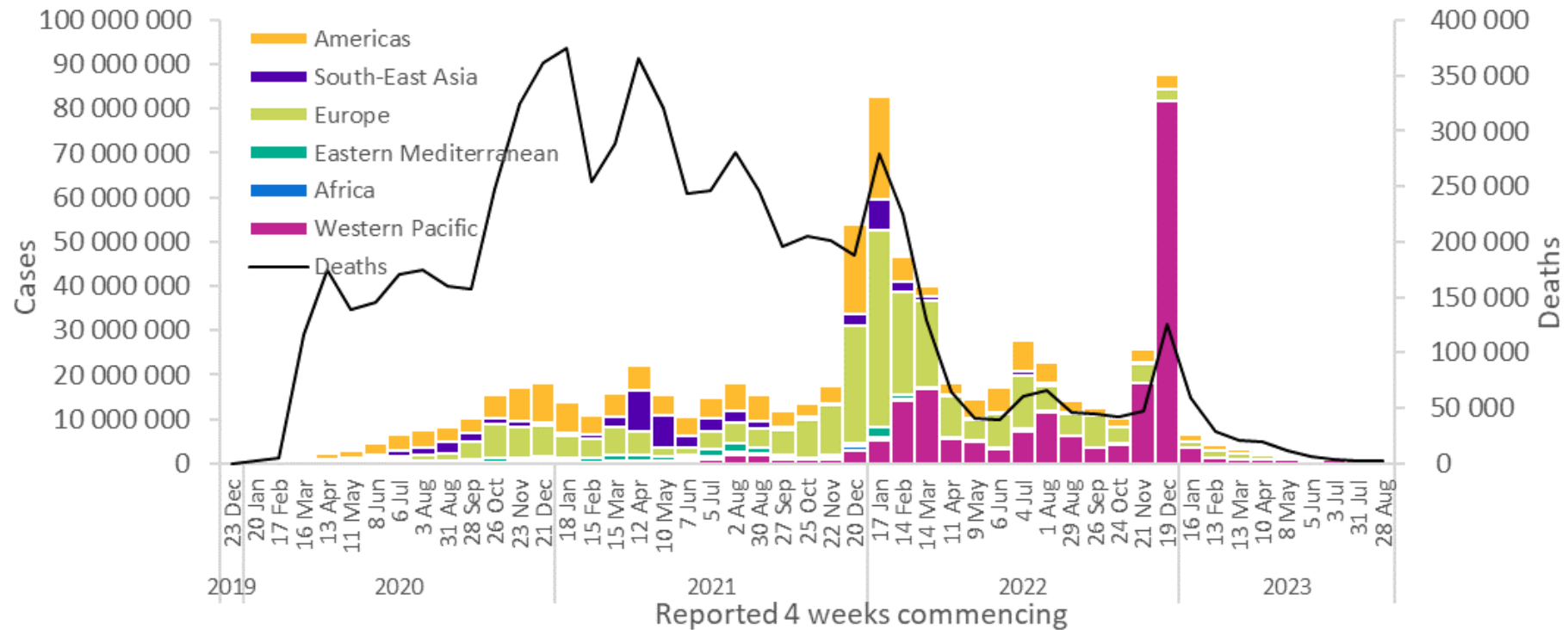
Illustration adapted from IDSA. Reproduced with permission.

Interventions that Impact which Scenario is More Likely

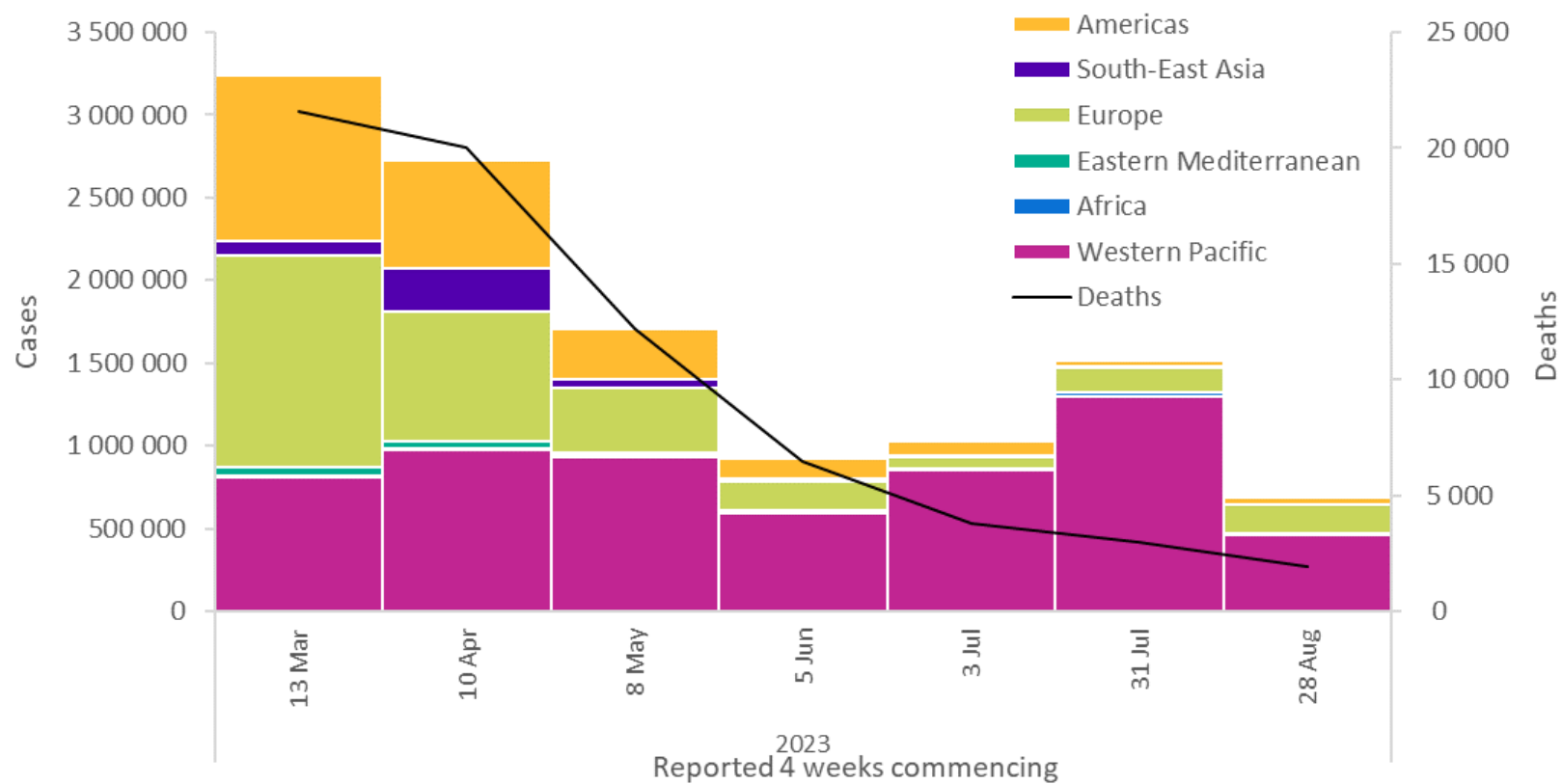


**Does Getting the latest
Covid-19 vaccine matter?**

COVID-19 cases reported by WHO Region, and global deaths by 28-day intervals,
as of **24 September 2023**

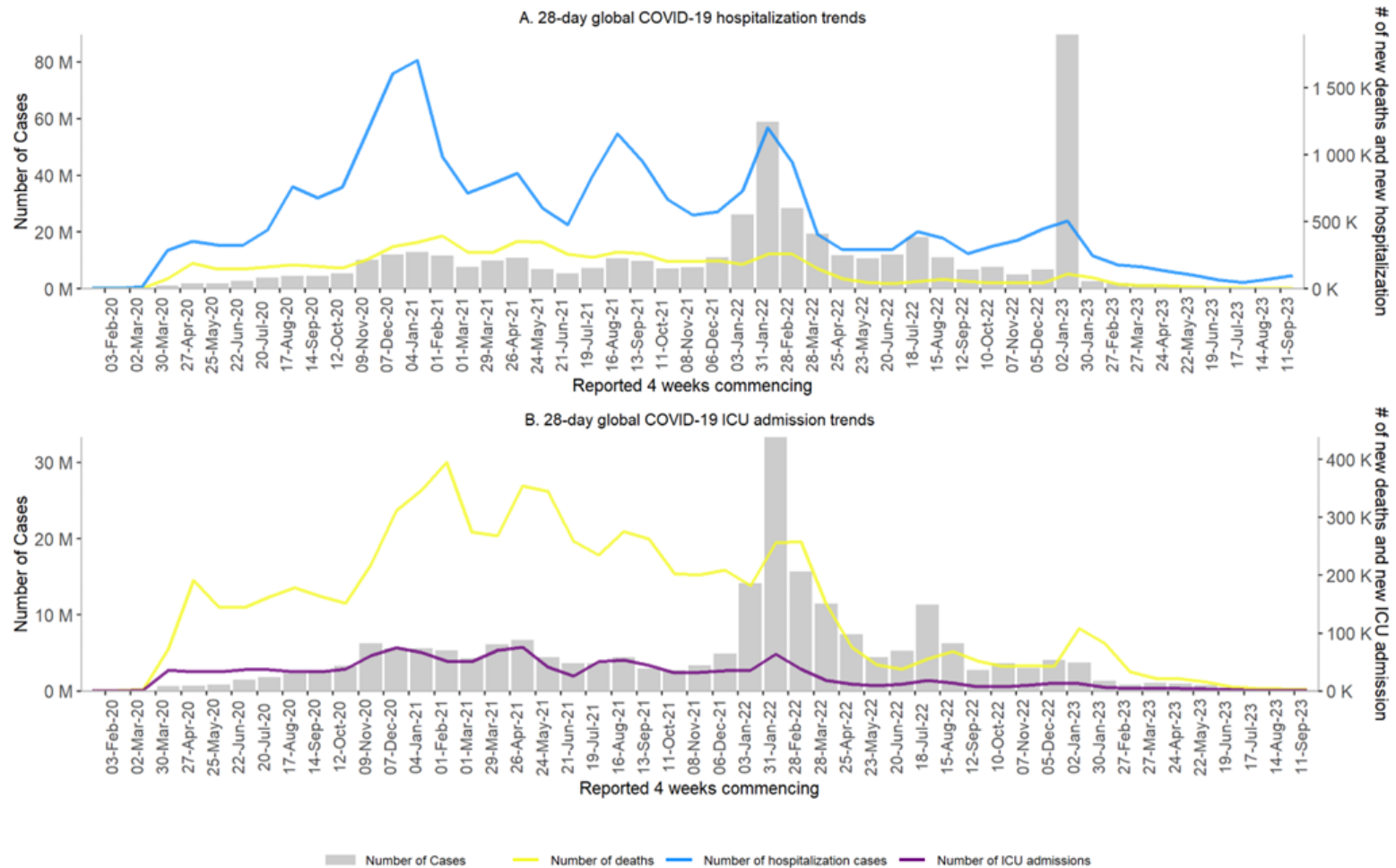


COVID-19 cases reported by WHO Region, and global deaths by 28-day intervals, 13 March to 24 September 2023



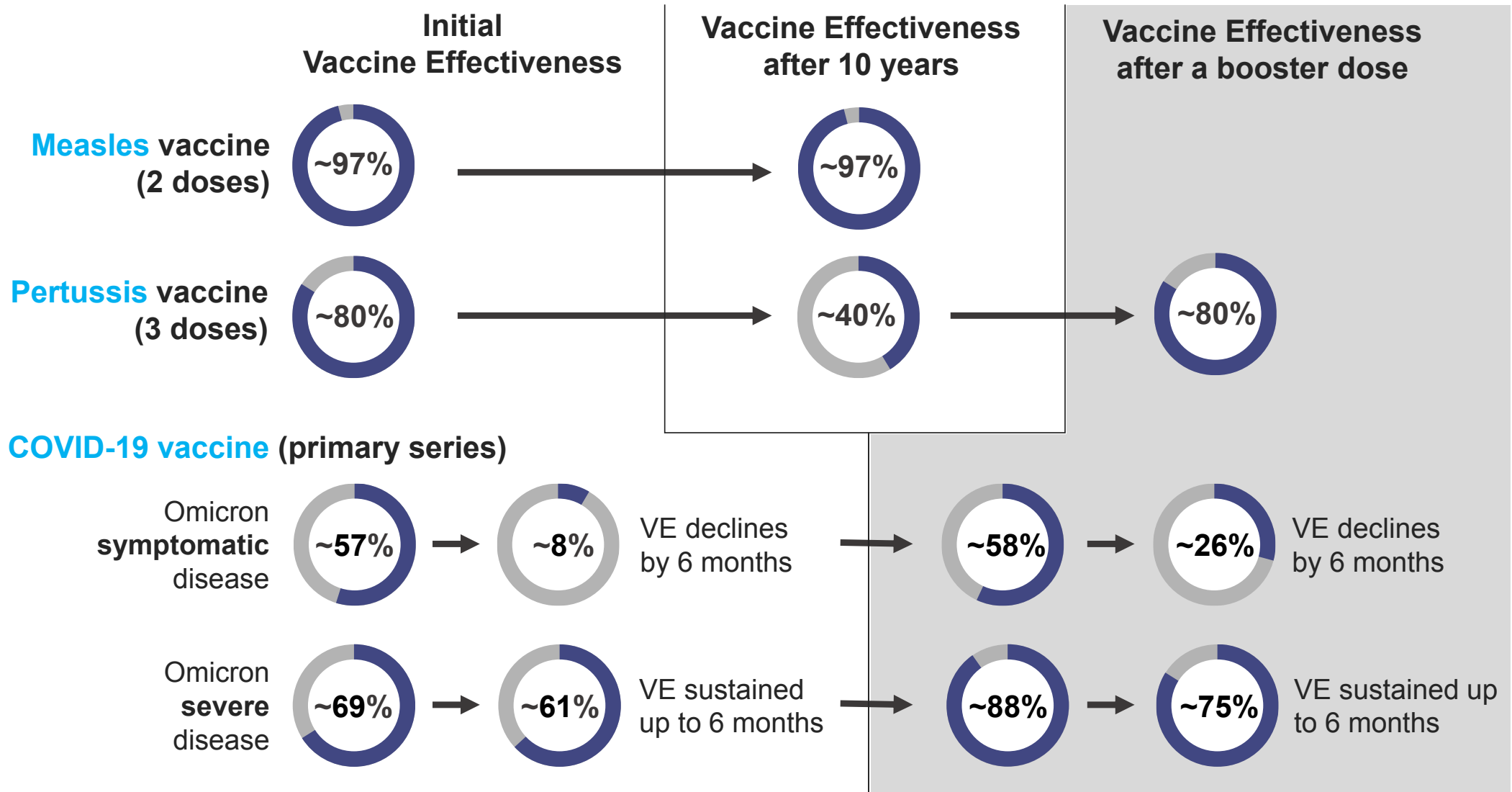
September 2023

28-day global COVID-19 new hospitalizations and ICU admissions, as of 17 September 2023



Newly reported and cumulative COVID-19 confirmed cases and deaths, by WHO Region, as of 24 September 2023

WHO Region	Countries reporting cases in the last 28 days	New cases in last 28 days (%)	Change in new cases in last 28 days *	Cumulative cases (%)	Countries reporting deaths in the last 28 days	New deaths in last 28 days (%)	Change in new deaths in last 28 days *	Cumulative deaths (%)
Western Pacific	20/35 (57%)	458 757 (67%)	-65%	207 284 734 (27%)	6/35 (17%)	977 (50%)	-15%	417 745 (6%)
Europe	27/61 (44%)	177 642 (26%)	19%	276 134 635 (36%)	17/61 (28%)	661 (34%)	-54%	2 248 608 (32%)
Americas [§]	21/56 (38%)	38 858 (6%)	3%	193 286 267 (25%)	6/56 (11%)	122 (6%)	-58%	2 959 269 (43%)
Eastern Mediterranean	5/22 (23%)	5 201 (1%)	53%	23 394 122 (3%)	2/22 (9%)	64 (3%)	88%	351 465 (5%)
South-East Asia	7/10 (70%)	3 070 (<1%)	-23%	61 205 037 (8%)	3/10 (30%)	118 (6%)	111%	806 781 (12%)
Africa	16/50 (32%)	1 634 (<1%)	-92%	9 569 874 (1%)	3/50 (6%)	8 (<1%)	33%	175 435 (3%)
Global	96/234 (41%)	685 162 (100%)	-55%	770 875 433 (100%)	37/234 (16%)	1950 (100%)	-34%	6 959 316 (100%)



**Whom we should prioritize to
receive the latest Covid-19 vaccine?**

WHO

CONSIDERATIONS WITH REGARDS TO VARIANT-CONTAINING BOOSTERS

- When deciding to implement additional boosters, each country needs to take into
 - **age structure** of the population
 - **the current and potential burden of severe COVID-19 disease and hospitalizations**
 - **the availability and access to vaccines including variant-containing vaccines;**
- near-term preparedness planning, **countries should consider demand forecasting for booster doses for high priority-use groups for the years 2023 and 2024**



COVID-19 Risk Stratification

Lower
Risk

Higher
Risk

Age (years)	<30	30-49	50-69	≥70
Chronic medical conditions (eg, diabetes, obesity)	None	1	2	3+
Immunosuppressive conditions or medications	None	Corticosteroids Biologics Antimetabolites	Lymphodepletion Solid organ transplant AIDS	Stem cell transplant Hematologic malignancy
Vaccination status	Full vaccination plus boosting	Full vaccination	Partial vaccination	Unvaccinated

Illustration adapted from IDSA. Reproduced with permission.

WHO Interim Recommendations^a for the optimal use of COVID-19 vaccination: primary series and booster doses in the context of Omicron and high population-level immunity

HIGH priority-use groups			
Target population	Primary series and booster ^b	Additional booster doses	Remarks
Groups with the highest risk of death from COVID-19			
Older adults ^c Younger adults with significant comorbidities or severe obesity	Recommended	Recommended (<i>12 months after previous dose</i>)	Most efficient use of COVID-19 vaccines with greatest impact on reducing deaths.
Subgroup of older adults: Oldest adults ^d Older adults with multiple significant comorbidities	Recommended	Recommended (<i>6 months after previous dose</i>)	

WHO Interim Recommendations^a for the optimal use of COVID-19 vaccination: primary series and booster doses in the context of Omicron and high population-level immunity

MEDIUM priority-use groups			
Target population	Primary series and booster ^b	Additional booster doses	Remarks
Healthy younger adults ^g Children and adolescents aged 6 months to 17 years with severe obesity or comorbidities that put them at higher risk of severe COVID ⁱ	Recommended	Not routinely recommended. ^h	Benefit of additional boosters is marginal.

LOW priority-use groups			
Target population	Primary series and booster ^b	Additional booster doses	Remarks
Healthy children and adolescents aged 6 months to 17 years ⁱ	Countries could consider based on disease burden, cost effectiveness, and other health or programmatic priorities and opportunity costs.	Not routinely recommended. ^h	Benefit and cost-effectiveness of vaccinating healthy children and adolescents is substantially lower compared to high and medium priority-use groups and compared to most other vaccine preventable diseases in childhood.

2023 WHO SAGE roadmap on uses of COVID-19 vaccines in the context of Omicron and substantial population immunity

Recommendations for updates to COVID-19 vaccine antigen composition

- **XBB.1 descendent lineages predominate SARS-CoV-2 circulation globally.** In order to improve protection, in particular against symptomatic disease, **new formulations of COVID-19 vaccines should aim to induce antibody responses that neutralize XBB descendent lineages.**
- One approach recommended by TAG-CO-VAC is the use of a **monovalent XBB.1 descendent lineage, such as XBB.1.5**

CDC/ACIP Covid-19 vaccine recommendations , 2023 Sept

Vaccine	19–26 years	27–49 years	50–64 years	≥65 years
COVID-19	2- or 3- dose primary series and booster (See Notes)			

Vaccine	Pregnancy	Immuno-compromised (excluding HIV infection)	HIV infection CD4 percentage and count		Asplenia, complement deficiencies	End-stage renal disease, or on hemodialysis	Heart or lung disease; alcoholism ^a	Chronic liver disease	Diabetes	Health care personnel ^b	Men who have sex with men
			<15% or <200 mm ³	≥15% and ≥200 mm ³							
COVID-19		See Notes									

The **2023–2024 formulation COVID-19**

- **monovalent vaccine based on the Omicron XBB.1.5** sublineage of SARS-CoV-2.

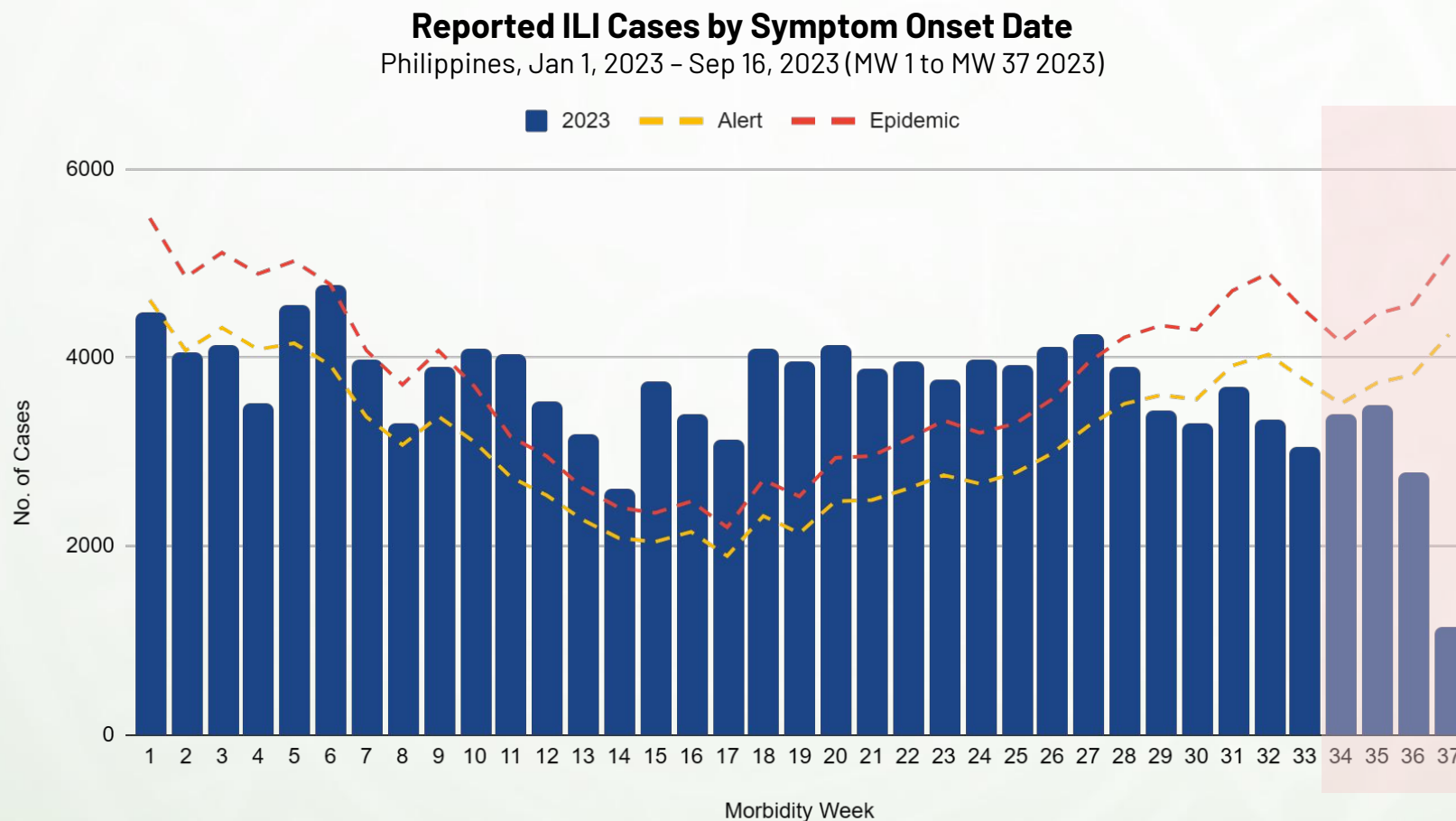
US CDC/ACIP Covid-19 vaccine recommendations , 2023 Sept

COVID-19 vaccination history prior to updated (2023–2024 Formula) vaccine	Number of updated (2023– 2024 Formula) doses indicated	Interval between doses
Unvaccinated Moderna Pfizer Novovax	1 1 2	Dose 1 and Dose 2: 2-3 week
1 or more doses any mRNA; 1 or more doses Novavax or Janssen, including in combination with any Original monovalent or bivalent COVID-19 vaccine doses	1	At least 8 weeks after last dose

US CDC/ACIP Covid-19 vaccine recommendations for people who are moderately or severely immunocompromised, 2023 Sept

COVID-19 vaccination history prior to updated (2023–2024 Formula) vaccine	Number of updated (2023–2024 Formula) doses indicated	Interval between doses
Unvaccinated		
Moderna	3	Dose 1 and Dose 2: 4 weeks
Pfizer	3	Dose 2 and Dose 3: At least 4 weeks
Novovax	2	
1 or more doses any mRNA; 1 or more doses Novavax or Janssen, including in combination with any Original monovalent or bivalent COVID-19 vaccine doses	1	At least 8 weeks after last dose

Since May 2023, **ILI cases** have been **plateauing** with an average of approximately **4,000 cases reported per week**; Reported cases in recent weeks are **lower compared to the past 5 years**



Note: Data in the area shaded in red may still change with incoming reports

Looking at ALL disease reporting units, the **primary causative agents** that were **prominent in previous years** are **still being observed in 2023**, and their strains or sub-types have remained consistent.

Top Causative Agents of ILI cases in the Philippines,
from January 1 to September 16, 2023

Causative Agent	Total (January 1 - September 16, 2023)	August	September 1 - 16
SARS-CoV-2	536 (44.69%)	5 (18.60%)	1 (20.00%)
Influenza A	249 (15.54%)	4 (9.30%)	1 (20.00%)
Rhinovirus	177 (11.05%)	0 (0.00%)	0 (0.00%)
Parainfluenza	131 (8.18%)	2 (4.65%)	1 (20.00%)
Influenza B	51 (3.18%)	4 (9.30%)	1 (20.00%)
Adenovirus	43 (2.68%)	0 (0.00%)	0 (0.00%)
Enterovirus	30 (1.87%)	0 (0.00%)	0 (0.00%)
RSV	27 (1.69%)	13 (30.23%)	0 (0.00%)

Note: Only cases subjected to RT-PCR testing and cases with only one causative agent were included in the table above. Other causative agents such as HBoV (Human Bocavirus), HCoV (Human Coronavirus), HMPV (Human metapneumovirus) were also detected among positive samples, albeit in relatively low numbers.

GISRS surveillance data reported to FluNet

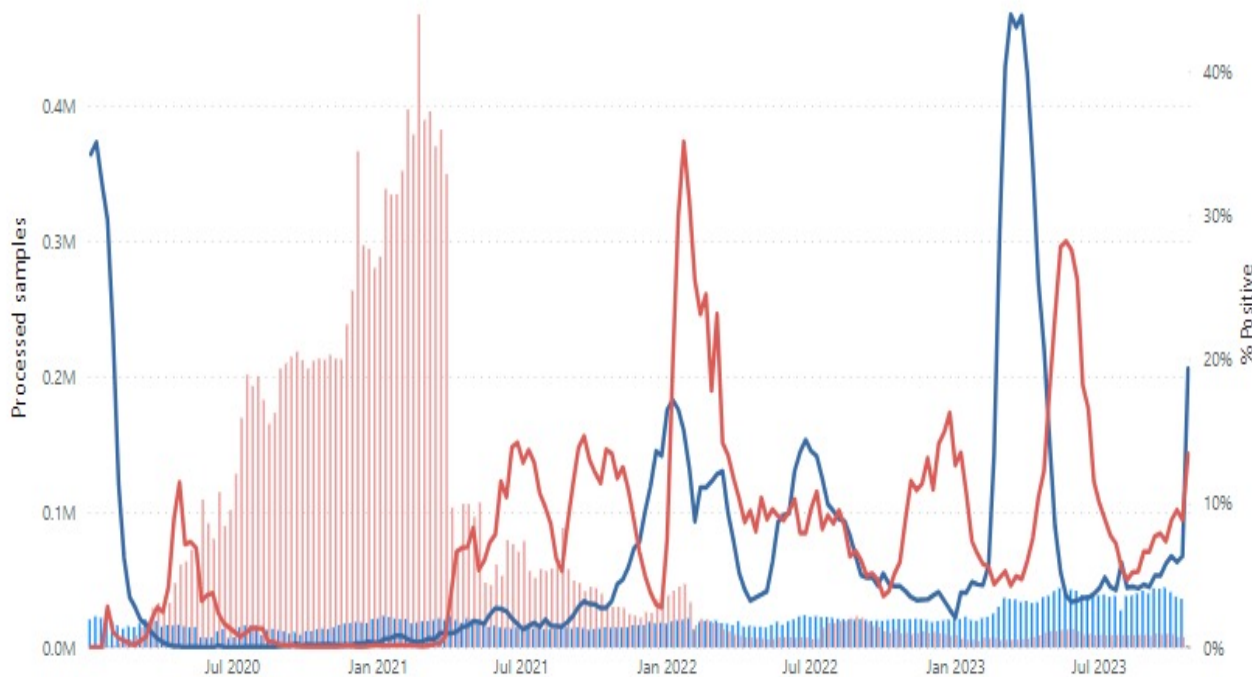
Time selection by reporting week (End date of reporting week)

2/19/2019 10/22/2023

WESTERN PACIFIC REGION

Influenza and SARS-CoV-2 tested specimens reported to FluNet from countries, areas and territories

— % COVID-19 positive — % influenza positive ■ Specimen tested for SARS-CoV-2 ■ Specimen tested for influenza



GISRS surveillance data reported to FluNet

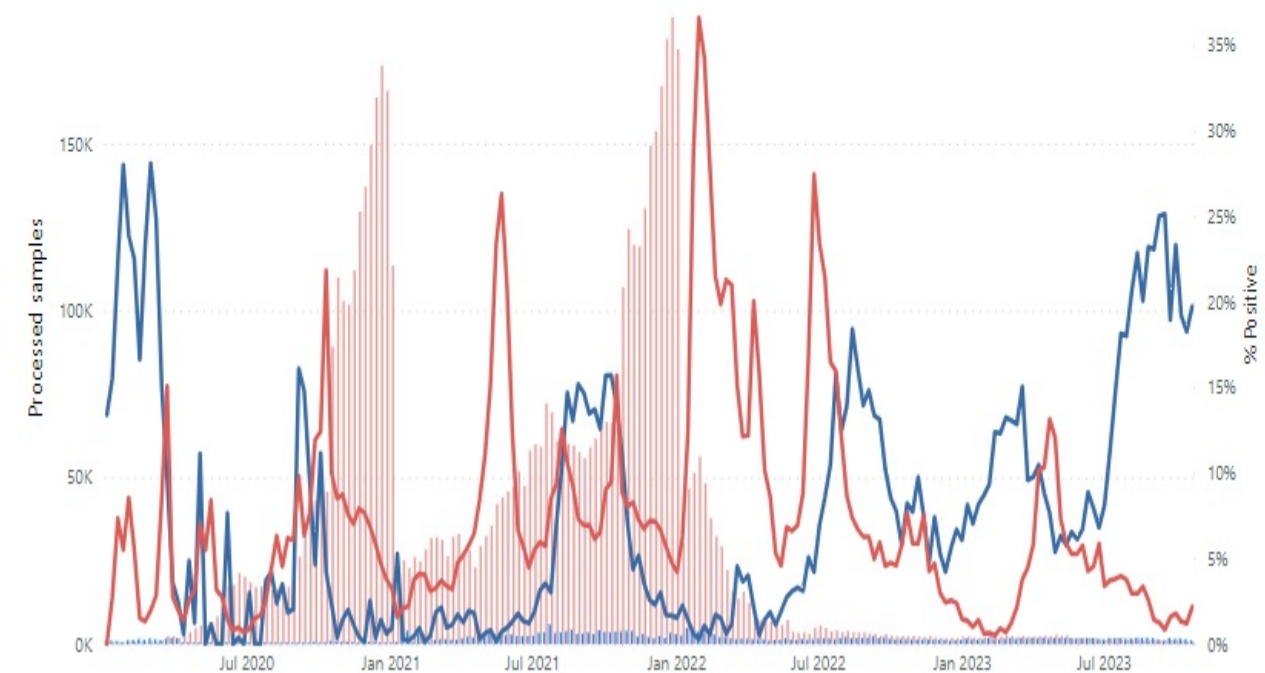
Time selection by reporting week (End date of reporting week)

2/19/2019 10/22/2023

SOUTH-EAST ASIA REGION

Influenza and SARS-CoV-2 tested specimens reported to FluNet from countries, areas and territories

— % COVID-19 positive — % influenza positive ■ Specimen tested for SARS-CoV-2 ■ Specimen tested for influenza



Conclusion

- With new Covid-19 VOCs still causing new infections and hospitalizations in co-circulation with other respiratory viruses, possibility of peaks is expected
- Variant-specific Covid-19 vaccinations is important to protect the priority population at risk of hospitalizations and complications
- Long-term vaccination program should aim in including Covid-19 aside from other vaccine preventable diseases like influenza , pneumonia part of life-course vaccination for vulnerable population
- Surveillance and tracking of ILIs is key to prevention of outbreaks